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SERIAL NUMBER 10/773,621	FILING OR 371(c) DATE 02/06/2004 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. J07-013
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APPLICANTS

Harvey Jay, Scarsdale, NY;

**** CONTINUING DATA *******This application is a CIP of 10/647,948 08/26/2003 *HJ***** FOREIGN APPLICATIONS ********No***IF REQUIRED, FOREIGN FILING LICENSE****GRANTED ** 05/08/2004****** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS

R. Neil Sudol
 714 Colorado Avenue
 Bridgeport, CT06605-1601

TITLE

Hair treatment method

FILING FEE RECEIVED 1023	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit